

REMARKS  
W. A. A. Y. W. A. UNFADING K. A. - THIS IS A PERMANENT RECORD  
-In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

139  
40

1. PLACE OF BIRTH

County

District or Township

City

State

or Village

No.

St.

Way

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

If child is not yet named, no supplemental report, as directed

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

Female

5. No., in order of birth

yes

March 6 1930

8.

FATHER

Full name

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 35 (Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

Mexico  
Miner (copper)

14.

MOTHER

Full maiden name

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 28

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against  
thallmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive  
(Born alive or stillborn.)

at 6:20 a.m. on the date above stated

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Human E. Bodemer

(Physician or Midwife).

Given name added from  
a supplemental report

Month, day, year

Address

Globe, Arizona

Filed

4/8 1930 S. E. Wighman

Registrar

Registrar

925 - 306 - 769